

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		16	4700
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CS	50222 50221	5/3/00 4/10/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1/00
2	✓	✓	5/1/00
3	✓	✓	5/1/00
4	✓	✓	5/1/00
5	✓	✓	5/1/00
6	✓	✓	5/1/00
7	✓	✓	5/1/00
8	✓	✓	5/1/00
9	✓	✓	5/1/00
10	✓	✓	5/1/00
11	✓	✓	5/1/00
12	✓	✓	5/1/00
13	✓	✓	5/1/00
14	✓	✓	5/1/00
15	✓	✓	5/1/00
16	✓	✓	5/1/00
17	✓	✓	5/1/00
18	✓	✓	5/1/00
19	✓	✓	5/1/00
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25	✓	✓	5/1/00
26	✓	✓	5/1/00
27	✓	✓	5/1/00
28	✓	✓	5/1/00
29	✓	✓	5/1/00
30	✓	✓	5/1/00
31	✓	✓	5/1/00
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42	✓	✓	5/1/00
43	✓	✓	5/1/00
44	✓	✓	5/1/00
45	✓	✓	5/1/00
46	✓	✓	5/1/00
47	✓	✓	5/1/00
48	✓	✓	5/1/00
49	✓	✓	5/1/00
50	✓	✓	5/1/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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